

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



February 2, 2011

Mr. Neville Wise, Acting Commissioner
Cabinet for Health and Family Services
Department for Medicaid Services
275 E. Main Street, 6W-A
Frankfort, KY 40621

Re: Kentucky Title XIX State Plan Amendment, Transmittal #11-001

Dear Mr. Wise:

We have reviewed Kentucky State Plan Amendment (SPA) 11-001, which was submitted to the Atlanta Regional Office on January 26, 2011. This amendment was submitted pursuant to SMD 10-026.

Based on the information provided, we are now ready to approve Kentucky SPA 11-001 as of January 31, 2011. The effective date is January 1, 2011. The signed HCFA-179 and the approved plan pages are enclosed. If you have any questions regarding this amendment, please contact Laura Killebrew at (404) 562-0151.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jackie L. Glaze'. The signature is stylized with a large 'J' and a long horizontal stroke at the end.

Jackie L. Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. TRANSMITTAL NUMBER:
11-001

2. STATE
Kentucky

**3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)**

4. PROPOSED EFFECTIVE DATE
01/01/2011

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902(a)(80) of P.L. 111-148 (Section 6505)

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 - Budget Neutral
b. FFY 2012 - Budget Neutral

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4, Page 80 (New)

**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):**
None

10. SUBJECT OF AMENDMENT

This State Plan Amendment is being submitted pursuant to SMD letter 10-026 confirming that the State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

4. PROPOSED EFFECTIVE DATE
01/01/2011

☒ OTHER, AS SPECIFIED: Review delegated to Commissioner, Department for Medicaid Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Neville Wise

13. TYPED NAME: Neville Wise

14. TITLE: Acting Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: January 18, 2011

16. RETURN TO:

Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

1-26-11

18. DATE APPROVED:
01/31/11

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/11

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Opns

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/ Territory: Kentucky

SECTION 4 – GENERAL PROGRAM ADMINISTRATION

Citation

Section 1902(a)(80) of
P.L. 111-148 (Section
6505)

4.44 Medicaid Prohibition on Payments to Institutions or
Entities Located Outside of the United States

- ☒ The State shall not provide any payments for
items or services provided under the State plan
or under a waiver to any financial institution or
entity located outside of the United States.

TN No.: 11-001
Supersedes
TN No.: None

Approval Date: 1-31-11

Effective Date: January 1, 2011